DEPARTMENT OF THE ARMY
HEADQUARTERS, AREA II SUPPORT ACTIVITY
UNIT #15333
APO AP 96205-5333

REPLY TO
ATTENTION OF:

EANC-SA-S

29 OCT 2003

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Command Policy 10-2, Area II Respiratory Protection Program (RPP) and Area II Respiratory Protection Program Standing Operating Procedure (SOP)

1. REFERENCES:

a. AR 385-10, 29 Feb 00, The Army Safety Program.

b. AR 11-34, 15 Feb 90, The Army Respiratory Protection Program.

c. DA Pamphlet 385-3, Protective Clothing and Equipment.

d. TB Med 502/DLAM 1000.2, Respiratory Protection Program.

e. Department of Defense Instruction (DoDI), 6055.1, DoD Occupational Safety and Health Program.

f. Title 29, Code of Federal Regulations, Part 1910.134, Respiratory Protection.

g. American National Standard Institutes (ANSI) Z88.2, Practices for Respiratory Protection.

2. PURPOSE: To prevent occupational diseases caused by exposure to harmful dusts, fogs, fumes, mists, gases, smokes, sprays, and/or vapors. Describe responsibilities, duties, and the essential elements to establish, execute, and maintain the Area II Support Activity RPP as outlined in the above references.

3. APPLICABILITY: This policy applies to all military and civilian personnel who perform duties requiring respiratory protection within Area II.

4. POLICY:

a. General.

(1) An effective RPP requires close coordination among workers, supervisors, the civilian personnel advisory office, the fire department, safety office, industrial hygiene office, and occupational health service.

(2) Respirator: A device designed to provide the wearer with respiratory protection against inhalation of airborne contaminants and, for some devices, oxygen-deficient atmospheres.

(3) Respirators are considered an acceptable method of protecting the health of Department of the Army (DA) personnel only under the following circumstances:

(a) When the Area II Industrial Hygienist is satisfied that engineering or work practice controls are not adequate to control the hazard.

(b) During intermittent, nonroutine operations not exceeding one hour per week.

(c) During intermittent periods while engineering controls are being designed, funded, and installed.

(d) During emergencies.

(e) When required by other Federal Regulation.

(4) Personnel will not be assigned to tasks requiring the use of respirators without proper medical evaluation, training, and fit testing. Personnel who have been determined to be medically competent to use respirators, formally trained in respiratory protection, and properly fit tested are considered qualified respirator users.

(5) Respiratory protective equipment (RPE) will be used only for its intended purpose and will be furnished at no cost to the employee.

(6) Whenever economically feasible technology exists for controlling environmental respiratory hazards, the technology will be implemented. Such methods will include, but not be limited to:

(a) Substitution of less toxic substances.

(b) Installation of local exhaust systems or medical ventilation systems.

(c) Segregation or isolation of processes or operations from the worker.

b. Condition of employment: The ability to use RPE will be a condition of employment when required by the job. Personnel assigned duties involving access to chemical surety materiel must be able to wear Protective Clothing and Equipment (PCE).

c. Restrictions:

(1) Contact Lenses. Contact lenses should not be worn with full face piece respirators, helmet, hood, or suit.

(2) Facial hair. Respirators equipped with a face piece will not be worn if facial hair comes between the sealing periphery of the face piece and the face, or if facial hair interferes with valve functions.

d. Area markings: Each area and operation requiring RPE will be identified and posted to inform personnel of the work hazards or health risks involved and type of respirator required.

e. Only National Institute for Occupational Safety and Health (NIOSH) approved respirators will be used.

5. RESPONSIBILITIES:

a. The Area II Commander:

(1) Establish an Area II RPP.

(2) Provide sufficient funds, facilities, and qualified personnel to effectively and efficiently perform all duties required by the RPP.

(3) Appoint an Installation Respirator Program Director (IRPD).

(4) Appoint individuals to act as Unit Respirator Program Officers (URPOs).

b. Area II Safety Manager will:

(1) Administer the program in accordance with the referenced standards and monitor the effectiveness and compliance with RPE requirements.

(2) Ensure that corrective actions are promptly taken to correct deficiencies detected in the RPP.

(3) Provide direction to the IRPD to plan, program, and annually evaluate and update the Area II RPP as needed.

(4) Provide guidance to supervisors in the preparation of a unit SOP on respirator use for their particular work area.

(5) Approve any SOPs prepared for respirator use.

(6) Conduct random inspections to determine if RPE is properly selected, used, cleaned, maintained, stored, and disposed of.

(7) Provide training and guidance to the IRPD.

(8) Approve or disapprove routine entry into an immediately dangerous to life or health (IDLH) environment including confined spaces.

(9) Coordinate with the fire department supervisor to ensure training of firefighters using RPE has been completed.

c. Area II Industrial Hygienist (IH):

(1) Perform surveys of employee workplaces to identify respiratory hazards. Determine the degree of hazard posed by occupational exposures. Provide a written hazard survey report to the workplace supervisor and the Area II safety manager and make recommendations for reducing or eliminating workplace exposure hazards.

(2) Recommend engineering controls. Evaluate engineering controls.

(3) Follows the direction provided in reference 1g when recommending that RPE be used.

(4) Determine which personnel and operations require the use of RPE and advise the supervisor on the type of RPE that should be used. When recommending RPE, utilize the "Respirator Selection Form" (Appendix A-1) to document the selection.

(5) Serve as technical consultant for the Area II safety manager and Area II workplace supervisor.

(6) Provide technical assistance to assess the overall effectiveness of the Area II RPP.

(7) Conduct random inspections to determine if RPE is properly selected, used, cleaned, maintained, stored, and disposed of.

d. Occupational Health Service:

(1) Perform preplacement examinations and annual medical surveillance on all employees who have been identified by IH as exposure to respiratory hazards in the performance of their official duties.

(2) Determine by medical evaluation if workers assigned to tasks requiring the use of respirators are physically, psychologically, and physiologically able to perform work while wearing prescribed respiratory protection.

(3) Review the form "Questionnaire for Respirator Users" (Appendix A-2) and perform Pulmonary Function Test (PFT) if indicated.

(4) Review and sign the form "Respiratory Clearance Form" (Appendix A-3), Part II under the condition that Respiratory Clearance Form" (Appendix A-3), Part I is completely filled out and signed by supervisor before visit to occupational health service.

(5) Consult Occupational Health Physician for abnormal PFT findings and refer patients appropriately.

e. Installation Respirator Program Director (IRPD):

(1) Plan, program, and annually evaluate the Area II RPP with assistance from Area II IH, and occupational health nurse.

(2) Train URPOs, supervisors and respirator users.

(3) Provide respirator qualitative/quantitative fit testing.

(4) Provide the form, "Respirator Quantitative Fit Test" (Appendix A-4) to respirator user after determining that all requirements for medical evaluations and qualitative/quantitative fit testing are met.

(5) Coordinate with the Area II IH and supervisor about the type of RPE or replacement parts to be purchased or used.

(6) Ensure the URPOs maintain records of monthly inspections conducted on emergency-use respirators and self-contained breathing apparatus (SCBAs).

f. Unit Respirator Program Officers (URPOs):

(1) Be designated by the unit commander or activity supervisor in writing as the URPO.

(2) Function as the unit's point of contact.

(3) Contact the IRPD and schedule initial and annual respirator quantitative fit test as required by reference 1a.

(4) Request training of all respirator users as required by reference 1a.

(5) Maintain a copy of "Activity Log for Respirator" (Appendix A-4) forwarded by supervisor. File all medical clearance forms, fit testing forms, training records, inspection records, and unit SOP, etc.

g. Supervisors:

(1) Prepare and update a current Inventory of Hazardous Materials (Appendix A-5) for hazardous chemicals used and stored in the workplace. Also, maintain the Material Safety Data Sheets (MSDSs) for all hazardous materials.

(2) Request an assessment from the Area II IH for any working conditions considered to present a hazardous occupational exposure.

(3) Substitute non-hazardous chemicals for hazardous chemicals when possible.

(4) Submit work orders or procure equipment to acquire engineering controls.

(5) Develop a unit SOP for respirator use and obtain approval for the unit SOP from the Area II safety manager.

(6) Budget for and provide RPE and replacement parts to personnel when required.

(7) Obtain only approved RPE and replacement parts as specified by Area II IH office and issue RPE to users at no cost.

(8) Update the form, "Activity Log for Respirator" (Appendix A-6) and forward it to the URPD.

(9) Familiarize respirator users with the unit SOP.

(10) Ensure workers perform proper respirator maintenance and care.

(11) Ensure the nonfunctional respirators are turned in to the URPO.

(12) Do not permit workers to perform tasks requiring a respirator when a respirator is not being worn or an effective fit can not be obtained.

(13) Ensure that employees in the RPP receive an annual evaluation. Provide employees with "Respiratory Clearance Form (Appendix A-3) completely filled out and signed by supervisor before visit to occupational health service.

(14) Report any operational processing changes in the workplace to the Area II safety manager and Area II IH.

h. Chief, Fire Department and Emergency Service:

(1) Provide training for firefighters using RPE in coordination with Area II safety manager and Area II IH.

(2) Monthly inspect all emergency use respirators and Self-Contained Breathing Apparatus (SCBA).

(3) Respond to emergency situations where a SCBA would be required to enter a contaminated atmosphere.

(4) Establish and update SOP for SCBAs.

(5) If breathing air compressors are used in the Fire Department and Emergency Service, establish procedures for monitoring the breathing air quality for air-supplied respirators and perform quality assurance evaluations.

i. Directorate of Public Works will:

(1) Install and maintain breathing air systems that are capable of providing Grade D breathing air where required, to include the use of only "oil-free" compressors designed for breathing air systems. The compressor for supplying breathing air will be equipped with the necessary safety and standby devices given in reference 1g, paragraph 2-12 d.

(2) Establish a system to test and ensure that only Grade D quality air is used. The requirements for Grade D breathing air will be met as defined in American National Standards Institute (ANSI)/Compressed Gas Association (CGA) Specification G-7.1 per reference 1a.

(3) All oil lubricated compressors require either a high temperature alarm or carbon monoxide alarm.

(4) Maintain compressed air breathing system alarms in an operable manner.

(5) Implement a schedule of routine maintenance for servicing and inspecting airline purification panels and changing filters and cartridges as necessary.

j. Civilian Personnel Advisory Office:

(1) Provide support to supervisors and other individuals responsible for ensuring or enforcing the RPP requirements.

(2) Develop job descriptions to address requirements for respirator use.

(3) Identify individual's ability to use Respiratory Protection Equipment (RPE) as a condition of employment when required by the nature of the job.

(4) Ensure new employees received medical evaluation for identified respiratory protection positions.

(5) Notify respirator users and their supervisors of the annual medical evaluation and forward one copy of notification letter to occupational health service office.

k. Respirator Users.

(1) Be familiar with the local implementing regulation and the unit SOP in the workplace. The SOP shall be developed for respirator use and maintenance.

(2) The SOP shall be published and available to all respirator users for the particular jobs/tasks

(3) Be trained and instructed in selection, use maintenance and care of a respirator prior to initial use and periodically to maintain general knowledge of his/her respirator. Maintain all required records. Training document will be forwarded to civilian personnel advisory office to update his/her personnel record.

(4) Wear respirator at all times in areas, or during work assignments, where its use is designated.

(5) Be responsible for the primary maintenance and care of their respirators.

(6) Store RPE in a clean and sanitary location within the work center to protect against dust, sunlight, heat, extreme cold, excessive moisture, and damaging chemicals.

(7) Perform positive and negative pressure checks before each use to ensure satisfactory fitting.

(8) Inspect his/her respirator before and after each use for signs of pliability, deterioration, or need of replacement parts.

(9) Respirators in need of repairs or replacement of parts will be maintained by a qualified/competent person with parts designated specific to that respirator.

(10) Notify their immediate supervisor of a nonfunctional respirator.

(11) Read and maintain instructional manual when respirator is issued.

6. COORDINATION AND LIAISON

An effective RPP requires close liaison among workers; supervisors; local labor organization; where applicable; the Area II safety manager, Area II IH, occupational health nurse, civilian personnel advisory officer, chief, fire department and emergency services, IRPD, URPO, and supervisor to safeguard life and health through the proper selection, use, and maintenance of respirators.

7. AREA II RESPIRATORY PROTECTION PROGRAM STANDING OPERATING PROCEDURE (SOP)

a. The IRPD, in coordination with the Area II safety manager and Area II IH, will prepare a Area II Respirator SOP that includes all information and guidance necessary for the proper respirator selection, use, care, maintenance, fit testing, inspection, medical evaluation, and training. Information of organization is listed in Appendix A-7, "List of Key Personnel".

b. The Area II Respiratory Protection program Standing Operating Procedure (SOP). See Appendix A.

8. DOCUMENTATION AND RECORDKEEPING

The following are listed required documents and activity responsible for record keeping.

a. Installation Respirator Program Director (IPRD).

(1) Respiratory Protection Program.

(2) Unit Respirator Program Officer (URPO) Duty Appointment Letter.

(3) Respiratory Clearance Form (Appendix A-3).

(4) Respirator Quantitative Fit Test Form (Appendix A-4).

(5) Training Records.

(6) Unit Respiratory Protection Program Checklist (Appendix A-8)

b. Area II Industrial Hygiene Office.

(1) Hazard Assessment Result.

(2) Respirator Selection Form (Appendix A-1).

c. Occupational Health Service.

(1) Questionnaire for Respirator Users (Appendix A-2).

(2) Respiratory Clearance Form (Appendix A-3).

d. Fire Department and Emergency Service.

(1) Inspection Records

(2) Quality Assurance for Breathing Air System

e. Unit Respirator Program Officer (URPO).

(1) Activity Log for Respirator (Appendix A-6)

(2) Training Records.

f. Civilian Personnel Advisory Office.

a. Job description to address requirement for respirator use.

b. Training Record

g. Supervisor.

(1) Hazard Assessment Result provided by Area II IH.

(2) Inventory of Hazardous Material (Appendix A-5).

(3) Unit Respirator Standing Operating Procedure (SOP).

(4) Respiratory Selection Form (Appendix A-1).

(5) Activity Log for Respirator (Appendix A-6).

h. Respirator User.

(1) Respiratory Clearance Form (AppendixA-3).

(2) Respirator Quantitative Fit Test Form (Appendix A-4).

(3) Training Records.

(4) Instructional Manual of Respirator.

9. PROGRAM EVALUATION.

a. IRPD shall conduct evaluations of the workplace to ensure that the unit RPP is being properly implemented. The "Unit Respiratory Protection Program Checklist" (Appendix A-8) can be used with another reference.

b. IPD shall regularly consult employees required to use respirators to assess the employee's views on program effectiveness and to identify any problems.

c. Any problems that are identified during this assessment shall be corrected.

10. Point of contact is Mr. Michael Kennedy, Area II Safety Manager at 738-4643/7206.

Encl
Appendix A

TIMOTHY K. McNULTY
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Commander, Area II Support Activity

DISTRIBUTION:
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APPENDIX A

AREA II RESPIRATORY PROTECTION PROGRAM (RPP) STANDING OPERATING PROCEDURE (SOP)

Updated: 29 October 2003

Provided By

Area II Support Activity Safety Office
738-7206/4643

Table of Content

APPENDIX A

AREA II RESPIRATORY PROTECTION PROGRAM STANDING OPERATING PROCEDURE (SOP)

1. PURPOSE.

This SOP is to provide a written procedure regarding compliance for employees using respiratory protection and ensure the proper care and use of respiratory equipment which is maintained for emergency or escape purposes.

2. OBJECTIVES.

a. The objective is to limit occupational exposure when working, supervising or inspecting in an area where it has been determined or suspected that exposure to toxic substances exceeds permissible levels or where there is decreased oxygen, which could lead to disease or death.

b. The primary objective shall be to prevent atmospheric contamination by engineering controls. When effective engineering controls, such as ventilation or use of less toxic materials are not feasible to provide for emergency or abnormal conditions, appropriate respirators will be used. Possible emergency and routine uses of respirators should be anticipated and planned for. Information and guidance is necessary for their proper selection, use and care.

3. APPLICABILITY.

The SOP applies to all personnel who have met the requirements of AR 11-34 and are properly enrolled in the RPP. It will be available for inspection, upon request, by all employees and their designated representative.

4. REQUIREMENTS.

a. This SOP is a guideline for employees who are required to use respirators to perform their job. It is also used to control occupational disease caused by breathing air contaminated with harmful dust, fogs, fumes, mists, gases, smokes, sprays, or vapors.

b. Area II Industrial Hygienist will perform worksite inspections and evaluations of operations to determine the type of respirator protection that is best suited for the hazards and tasks.

c. Respirators will be provided by the employer/supervisor when necessary to protect the health of the employee. Examples of work which may require the use of respirators includes, but is not limited to:

- Asbestos abatement activities
- Abrasive blasting
- Cutting or melting lead or stripping lead-based paints from surfaces
- Welding or burning

- Painting
- Using solvents, thinners, or degreasers
- Any work which generates large amounts of dust
- Working in confined space
- Sewage, water treatment plants, some excavations

d. Respirators shall be suitable for the hazards to which the worker is exposed. Hazard determination and exposure assessment will be made by the Industrial Hygienist (IH).

e. The supervisor shall establish and maintain his/her units respirator SOP which is subject to periodic review and evaluation. All employees are subject to its application and use.

f. The required process and actions for initial respirator issue are summarized in Appendix A-9 and information of organization/name/phone number are listed in Appendix A-7.

g. Users shall be trained and instructed in the proper use and maintenance of his/her respirator and its limitations. Respirators will be issued to individuals and not multi-user respirators.

5. TYPES OF RESPIRATOR.

Various respiratory devices are approved for use within the limits prescribed by the manufacturer. The following list is the respiratory devices used by employees:

a. Air purifying mask - particulate removing filter respirator. They are generally called "dust", "mist", or "fume" mask and are used in minimal exposure areas.

(1) Are disposable (single -use).

(2) Are available in the quarter face piece style.

(3) Two-strap units are recommended over single strap units.

(4) It does not provide oxygen, so it can never be worn in oxygen deficient atmosphere.

(5) It does not provide protection in atmospheres containing gases or vapors.

b. Air purifying respirator - uses chemical cartridges and canisters for removal of gases and vapor.

(1) Removes gases and vapors by trapping them on materials - such as activated charcoal.

(2) Are available in half face and full face piece.

(3) Negative air purifying respirator has a cartridge or canister which is designed to remove a particular contaminant. Specific labeling and color-coding on each cartridge will clarify its use and level of protection.

(4) It does not provide oxygen, it cannot be worn in an oxygen deficient atmosphere.

(5) It may not be used if the chemical to be protected against lacks adequate warning properties - odor, taste, or irritation. These warnings are necessary to alert the user that: (i) the chemical absorbent is saturated, and (ii) the contaminant is passing through the cartridge or canister and you are breathing the contaminant.

(6) They must not be worn in an atmosphere that's Immediately Dangerous to Life and Health. (IDLH).

c. Self-Contained Breathing Apparatus (SCBA) - With these devices, the wearer carries air or oxygen on his person in the form of a tank of compressed air which is supplied to the face piece. It provides the total breathing requirements, not just the oxygen requirements, and its service life is usually about 30 minutes or less. There is no need for an airline or outside air supply. The SCBA is not protection from high temperatures, certain toxic gases that are skin absorbable, and radiation. All approved SCBA's incorporate an audible alarm which notifies the wearer when the air (oxygen) supply drops to a predetermined level of approximately 5 minutes remaining. When this alarm sounds, the wearer must exit the contaminated area immediately.

(1) With use of this type of respirator, the employees must always work in pairs and stay in visual or oral contact. The entry team should be in pairs with the back up safety team or person in a safe area with contact maintained by sight, lifeline, radio, or voice for appropriate rescue.

(2) Employees must stay in contact with the wall or safety line.

- Employees need to work efficiently to conserve air.

- Do not remove the face piece if you run out of air. Disconnect the hose and place inside of clothing.

- Maintenance of the equipment follows the standard procedure for respiratory devices with special attention given to filling the cylinders after each use.

- Training for the use of SCBA equipment is under the direction of installation of respirator program director (IRPD).

- Training records are kept and available for review at the request of the employee or designated representative.

6. MEDICAL EVALUATION.

a. For an employee who requires wearing a respirator, a medical evaluation will be administered during the employee's normal working hours or at a time of convenience to the employee.

b. The employee must bring Respiratory Clearance Form (Appendix A-3) filled out completely and signed by supervisor before the medical evaluation.

c. The employee will be provided with "Questionnaire for Respirator Users (Appendix A-2) at the Occupational Health Service along with instructions on how to fill it out.

d. The employee may have Pulmonary Function Test performed on him/her if indicated based on "Questionnaire for Respirator Users (Appendix A-2).

e. The employee shall have an opportunity to discuss the questionnaire and examination results with Occupational Health Nurse or Physician or other Licensed Health Care Professional (PLHCP).

f. Occupational Health Nurse or PLHCP will make a written recommendation whether or not an employee is able to wear a respirator and any restrictions on the use of respirators if there are any.

g. The following information must be provided on Respiratory Clearance Form (Appendix A-3), Part I by Supervisor before Occupational Health Nurse or PLHCP makes a recommendation concerning an employee's ability to use a respirator:

(1) The type of the respirator to be used by the employee.

(2) The duration and frequency of respirator use (including use for rescue and escape).

(3) The expected physical work effort.

(4) Additional protective clothing and equipment to be worn.

(5) Temperature and humidity extremes that may be encountered.

h. Occupational Health Nurse or PLHCP will make a written recommendation to supervisor regarding employee's ability to use the respirator on Respiratory Clearance Form (Appendix A-3),

7. TRAINING AND EDUCATION.

a. For safe use of any respirator, it is essential that the user be properly instructed. Both supervisors and employees that will be using respiratory devices will be trained prior to use.

b. Supervisor is responsible for the training of his/her employees in the management of exposure or potential exposure to air contaminants.

c. Training will provide information, give demonstrations, allow hands on training and physically test employees in regard to air contamination and respirator use. Training shall include the following:

(1) Instruction on the nature of the hazards and what may happen if the respirator is not used or not used properly.

(2) Selection of the proper respirator for the job and identification of respirator capabilities and limitations. Review of manufacturer's instructions for each model.

(3) Demonstrations and hands-on training for disassembly, inspection of valves, gaskets, and head straps, and reassembly.

(4) Individual application and adjustment (seal check).

(5) Procedures for cleaning, disinfection, maintenance and storage of the respirator.

(6) How to recognize medical signs and symptoms that may limit or prevent the effective use of the respirator.

(7) Negative and positive pressure checks/tests prior to each use. These checks are not a substitute for fit testing. Respirator users must be properly trained in the performance of these checks and understand their limitations.

(a) Negative Pressure Check:

- Applicability/Limitations: This test cannot be carried out on all respirators. However, it can be used on face pieces of air purifying respirators equipped with tight-fitting respirator inlet covers and on atmosphere supplying respirators equipped with breathing tubes, which can be squeezed or blocked at the inlet to prevent the passage of air.

- Procedure: Close off the inlet opening of the respirator's canister(s), cartridge(s), or filter(s) with the palm of the hand, or squeeze the breathing air tube or block its inlet so that it will not allow the passage of air. Inhale gently and hold for at least 10 seconds. If the face piece collapses slightly and no inward leakage of air into the face piece is detected, it can be reasonably assumed that the respirator has been properly positioned and the exhalation valve and face piece are not leaking.

(b) Positive Pressure Check:

- Applicability/Limitations: This test cannot be carried out on all respirators. However, respirators equipped with exhalation valves can be tested.

- Procedure: Close off the exhalation valve or the breathing tube with the palm of the hand. Exhale gently. If the respirator has been properly positioned, a slight positive pressure

will build up inside the face piece without detection of any outward air leak between the sealing surface of the face piece and the face.

(8) Training will occur annually and when the following situations occur.

(a) Changes in the workplace or the type of respirator render previous training obsolete.

(b) The employee's knowledge or use of the respirator indicates that the employee has not retained the required understanding or skill.

(c) Any other situation arises in which training appears necessary to ensure safe respirator use.

8. QUANTITATIVE FIT TESTING (QNFT) FOR RESPIRATOR.

a. Quantitative Fit Testing (QNFT), using the PortaCount Plus fit test system, is generally performed on both full-face and half-face negative pressure respirators. Fit factors are determined by comparing the particle concentration outside the respirator with the concentration inside the respirator face piece. An acceptable fit is achieved when the respirator wearer successfully completes a series of eight programmed fit test exercises with a designated fit factor or more.

b. Installation Respirator Program Director (IRPD) shall provide quantitative fit test using a PortaCount Plus fit test system in accordance with acceptable OSHA fit test procedure.

c. Unit respiratory protection program officer will schedule for fit testing in coordination with Installation Respirator Program Director (IRPD).

d. The following criteria shall be used to help determine the adequacy of the respirator fit:

(1) Chin properly placed.

(2) Adequate strap tension, not overly tightened.

(3) Fit across nose bridge.

(4) Respirator of proper size to span distance from nose to chin.

(5) Tendency of respirator to slip.

(6) Self-observation in mirror to evaluate fit and respirator position.

e. Fit Test Exercise: The following test exercises are to be performed for all fit testing methods. The test subject shall perform exercises, in the test environment, in the following manner. Each test exercise shall be performed for one minute. The test subject shall be

questioned by the test conductor regarding the comfort of the respirator upon completion of the protocol. If it has become unacceptable, another model of respirator shall be tried. The respirator shall not be adjusted once the fit test exercises begin. Any adjustment voids the test, and the fit test must be repeated.

(1) Normal breathing. In a normal standing position, without talking, the subject shall breathe normally.

(2) Deep breathing. In a normal standing position, the subject shall breathe slowly and deeply, taking caution so as not to hyperventilate.

(3) Turning head side to side. Standing in place, the subject shall slowly turn his/her head from side to side between the extreme positions on each side. The head shall be held at each extreme momentarily so the subject can inhale at each side.

(4) Moving head up and down. Standing in place, the subject shall slowly move his/her head up and down. The subject shall be instructed to inhale in the up position (i.e., when looking toward the ceiling).

(5) Talking. The subject shall talk out loud slowly and loud enough so as to be heard clearly by the test conductor. The subject can read from a prepared text such as the Rainbow Passage, count backward from 100, or recite a memorized poem or song.

Rainbow Passage

When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond reach, his friends say he is looking for the pot of gold at the end of the rainbow.

(6) Grimace. The test subject shall grimace by smiling or frowning.

(7) Bending over. The test subject shall bend at the waist as if he/she were to touch his/her toes.

(8) Normal breathing. Same as above exercise e (1).

f. Installation Respirator Program Director (IRPD) will forward the form, "Respirator Quantitative Fit Test (Appendix A-4).

g. Employee should report to unit respiratory protection program officer whenever change in the employee's physical condition could affect the respirator's fit. Such conditions include, but are not limited to, facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight.

9. USE OF RESPIRATORS

a. When using respirators, respirator users must take precautions in order to prevent face piece seal leakage. Facial hair that comes between the surface of the face piece and the face, or hair that interferes with the face seal or valve functions is prohibited.

b. Any condition or personal protective equipment (i.e.: corrective glasses) that interferes with the face-to-face piece seal or valve function is prohibited.

c. Each time the user conducts a tight-fitting respirator to ensure proper fit by performing a seal check. User seal checks are not substitutes for qualitative or quantitative fit tests. The proper seal check procedures (Positive and/or Negative Pressure Checks) are following:

(1) Face piece Positive Pressure Checks: Close off the exhalation valve and exhale gently into the face piece. The face fit is considered satisfactory if a slight positive pressure can be built up inside the face piece without any evidence of outward leakage of air at the seal. For most respirators this method of leak testing requires the wearer to first remove the exhalation valve cover before closing off the exhalation valve and then carefully replacing it after the test.

(2) Face piece Negative Pressure Check: Close off the inlet opening of the canister or cartridge(s) by covering with the palm of the hand(s) or by replacing the filter seal(s), inhale gently so that the face piece collapses slightly, and hold the breath for ten seconds. The design of the inlet opening of some cartridges cannot be effectively covered with the palm of the hand. The test can be performed by covering the inlet opening of the cartridge with a thin latex or nitrile glove. If the face piece remains in its slightly collapsed condition and no inward leakage of air is detected, the tightness of the respirator is considered satisfactory.

d. Manufacturer's Recommended User Seal Check Procedures: The respirator manufacturer's recommended procedures for performing a user seal check may be used instead of the positive and/or negative pressure check procedures provided that the employer demonstrates that the manufacturer's procedures are equally effective.

e. Supervisor shall periodically check to determine if respirator users are properly using respirators. Upon request, industrial hygienist shall reevaluate work conditions and employee exposure and stress.

f. Any employee who detects gas or vapor breakthrough, or detects a change in breathing resistance, or detects leakage of the face seal during use must leave the area requiring respirator use.

g. If an employee needs to wash their face and/or face pieces to prevent skin irritation, or change cartridges, this will be performed away from the work area requiring a respirator.

h. Defective respirators shall not be used.

i. Atmospheres that are Immediately Dangerous to Life or Health (IDLH) shall have special entry procedures. Industrial hygienist shall be contacted to evaluate the area/operation and to assist in the development of procedures for entry.

j. The industrial hygienist will determine the required type of respirator and filter/cartridge for the particular job/task. Only appropriate NIOSH-certified respirators and cartridges (filters) will be purchased. Respirator cartridges (filters) purchased after July 10, 1998 shall be selected from one of nine classes: N100, N99, N95, R100, R99, R95, P100, P99, P95.

k. All filters, cartridges and canisters shall be labeled and color coded with the NIOSH approval label. The label shall not be removed and must remain legible.

LEVELS OF FILTER EFFICIENCY

95%	95
99%	99
99.97% (HEPA)	100

RESISTANCE TO DEGRADATION

N: **N**ot resistant to oil

R: **R**esistant to oil

P: Oil **P**roof

EXAMPLES

For dust, particulates, no oil in the aerosol ---------- any
For dust, particulates need maximum filtration ------- N100
For painting of oil aerosols ---------- R95 or P95 + organic vapor cartridge
For pesticides ---------- N95+ organic vapor cartridge

l. Filters or cartridges are to be replaced as needed or according to instructions for that particular task. Specific situations will include but are not limited to the following:

(1) It becomes damaged.

(2) Seems plugged.

(3) The wearer is able to taste or smell contaminants and odors.

(4) Breathing becomes difficult.

(5) An irritation, dizziness or other distress occurs.

10. MAINTENANCE AND CARE OF RESPIRATOR

a. Cleaning and disinfecting.

(1) Supervisors shall provide cleaning and disinfecting supplies and a place to store respirators.

(2) Respirator user must ensure that the respirator is properly cleaned and disinfected in a manner that prevents damage to the respirator and does not cause harm to the user. The following procedure is recommended for cleaning and disinfecting respirators:

(a) Remove and discard all used filters, cartridges, or canisters.

(b) Disassemble face pieces by removing speaking diaphragms, demand and pressure- demand valve assemblies, hoses, or any components recommended by the manufacturer.

(c) Mix a solution of soap, water and bleach. Bleach should be not less than 1 to 50 parts of water in order to properly disinfect.

(d) Wash face-piece and breathing tube in a cleaner-disinfectant solution. A hand brush may be used to remove dirt. Solvents that can affect rubber and other parts shall not be used.

- Rinse completely in clean, warm water.

- Air-dry in a clean area in such a way as to prevent distortion.

- Clean other respirator parts as recommended by the manufacturer.

- Inspect valves, head straps, and other parts to ensure proper working condition.

- Replace any defective parts

- Reassemble respirator and replace any defective parts.

- Place in a clean dry plastic bag or other suitable container for storage after each cleaning and disinfection.

b. Storage.

(1) All respirators shall be stored to protect them from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals, and they shall be packed or stored to prevent deformation of the face piece and exhalation valve.

(2) Emergency respirators shall be kept accessible, stored in compartments or in containers that are clearly marked as containing emergency respirators, and stored in accordance with any applicable manufacturer instructions.

c. Inspection.

(1) All respirators will be inspected after each use. Supervisors shall ensure that respirators are inspected before each use and during cleaning.

(2) Inspections shall include a check of respirator function, tightness of connections, and the condition of the various parts including, but not limited to, the face piece, head straps, valves, connecting tube, cartridges, canisters or filters; and elastomeric parts for pliability and signs of deterioration.

(3) The monthly inspection information (serial number of the device, date of inspection, name of inspector, findings, required remedial action) shall be documented by one of the following means; tag, label or is included in inspection reports stored as paper or electronic files.

(4) Any defects should be reported to supervisor. Damaged respirators will be repaired or replaced.

(5) All emergency respirators and SCBA's shall be inspected at least monthly (ensure the regulator and warning devices function properly) and in accordance with the manufacturer's recommendations.

(6) Air and oxygen cylinders shall be maintained in a fully charged state and shall be recharged when the pressure falls to 90% of the manufacturer's recommended pressure level. Emergency escape-only respirators shall be inspected before being carried into the work area for use.

d. Repairs.

(1) All respirators that fail an inspection shall be removed from service, discarded, repaired, or adjusted.

(2) All repairs or adjustments to respirators are to be made by trained persons with NIOSH-approved parts from the same manufacturer in accordance with the manufacturer's recommendations and specifications. Reducing valves, regulators, and alarms shall be adjusted or repaired only by qualified person.

11. BREATHING AIR QUALITY AND USE.

a. Breathing air for respirators may be supplied from cylinders or air compressors. The requirements for Grade D breathing air will be met as defined in ANSI/Compressed Gas Association (CGA) Specification G–7.1 per 29 CFR 1910.134.

b. Cylinders will be tested and maintained as prescribed in AR 700– 68 /DLAR 4145.25 /NAVSUPIN ST 4440. 128/MCO 10330.2/AFR 67–12 and part 178, title 49, Code of Federal Regulations (49 CFR 178).

c. The compressor for supplying breathing air will be equipped with the necessary safety and standby devices given in TB MED 502/DLAM 1000.2, paragraph 2–12 *d.*

d. Compressed oxygen will not be used in supplied air respirators or in open circuit SCBAs that have previously used compressed air. Oxygen will never be used with airline respirators.

e. Airline couplings will be incompatible with outlets for other gas systems to prevent inadvertent servicing of airline respirators with nonrespirable gases or oxygen. Installation areas having heavy piping or outlet areas with more than one type of gas system will be properly marked with labels, signs, or color coded connectors to further prevent attempts to connect to nonrespirable air supplies.

f. Breathing gas containers will be marked according to TB MED 502/DLAM 1000.2, paragraph 2–12f.

---------- End ----------

APPENDIX A - 1

Respirator Selection Form

The proper selection of a respirator depends on the hazards (i.e. dusts, fumes, mists, vapors, biological hazards) and amount of that hazard to which the employee may be exposed. This form will be filled out when Area II Industrial Hygiene performs a hazard assessment for the purpose of recommending respiratory protection .

1. Date:_____

2. Employee Name:_____

3. Job Title: _____

4. Occupational Code:_____

5. Describe Work Area: (Sketch area on separate page if needed).

_____

6. Describe task that may cause exposure:

_____

7. Estimated Length of Task: _____

8. Check potential hazard type(s) present:

- ☐ Gas or Vapor (i.e. formaldehyde, acid gases, aromatics)
- ☐ Particulate (i.e. dusts, lead, asbestos)
- ☐ Biological (i.e. TB)
- ☐ Oxygen Displacement (i.e. Refrigerants, argon)

9. Expected oxygen content of area: _____ (19.5% - 22% is normal)

If oxygen content is normal, an air purifying or powered air purifying respirator may be used. If oxygen content is outside normal conditions a supplied air or SCBA device must be used.

10. Specify contaminant if known:_____

Check **Table 2**, if contaminant has specific standard, this takes precedent over Respiratory Standard. Check the specific standard for recommended respirator.

11. Is the contaminant an eye irritant or can it cause eye irritation at the exposure concentration? YES NO If yes, only a full face, helmet or hood respirator shall be used.

12. Specify expected maximum concentration (MUC) of contaminant: _____

13. Does the substance have an exposure limit?

Agency/Limit: _____ i.e. (ACGIH/TWA, OSHA/PEL)

Concentration: _____ i.e. (ACGIH/TWA, OSHA/PEL)

14. Utilizing the equation TLV x APF = MUC, Determine the APF needed: _____

15. **Recommended Respirator Class** from Table 1: _____

Once the class has been determined, the specific respirator will be selected based on user preference, availability and cost effectiveness.

a. Cartridge Selection: All cartridges must be NIOSH approved and affixed with NIOSH label.

b. For Particulate cartridges: Degradation of filters are rated N-, R-, or P- series and the three levels of efficiency are 95%, 99%, or 99.97%. If no oil particles are present use any series (N-, R-, or P-). If oil particles are present use R- or P-, and if cartridges will be reused for more than one shift use the P- series only.

c. For gas and vapor cartridges: If the contaminant is a liquid, one of 120 listed in the Math Model Table at the OSHA Respiratory advisor link (http://www.osha-slc.gov/SLTC/respiratory_advisor/wood_table/wood_table.html), follow these breakthrough times. Apply safety factors if the humidity is >65% and/or work rates are heavy.

TABLE 1:

RESPIRATOR CLASS NIOSH APF

Air Purifying	
Filtering Facepiece	10
Half-Mask	10
Full-Facepiece	50
Powered Air Purifying	
Half-Mask	50
Full-Facepiece	50
Loose Fitting Facepiece	25

APPENDIX A - 1

Hood or Helmet	25
Supplied Air	
Half-Mask-Demand	10
Half-Mask-Continuous	50
Half-Mask-Pressure Demand	1000
Full-Facepiece Demand	50
Full-Facepiece Continuous Flow	50
Full-Facepiece Pressure Demand	2000
Loose Fitting Facepiece	25
Hood or Helmet	25
Self Contained Breathing Apparatus (SCBA)	
Demand	50
Pressure Demand	10,000

TABLE 2:

SUBSTANCE OSHA STANDARD

Acrylonitrile	1910.1045 (h), 1915.1045, 1926.1145
Arsenic (inorganic)	1910.1018 (h), 1915.1018, 1926.1118
Asbestos	1910.1001 (g), 1915.1001 (h), 1926.1101
Benzene	1910.1028 (g), 1915.1028, 1926.1128

APPENDIX A - 1

1,3-Butadiene	1910.1051 (h)
Cadmium	1910.1027 (g), 1915.1027, 1926.1127 (g), 1027
Coke oven emissions	1910.1029 (g), 1926.1129
Cotton dust	1910.1043 (f)
1,2-Dibromo-3-chloropropane	1910.1044 (h), 1915.1044, 1926.1144
Ethylene oxide	1910.1047 (g), 1915.1047, 1926.1147
Formaldehyde	1910.1048 (g), 1915.1048, 1926.1148
Lead	1910.1025 (f), 1015.1025, 1926.62 (f)
Methylene chloride	1910.1052 (g), 1915.1052, 1926.1152
Methylenedianiline	1910.1050 (h), 1915.1050, 1926.60 (i)
Vinyl Chloride	1910.1017 (g), 1915.1017, 1926.1117

16. Industrial Hygienist: Print Name _____ Signature _____

NSN 7540-00-634-4178 600-108

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

Questionnaire for Respirator Users

HT Job Title:

WT Phone Number:

AGE A phone number where you can be reached by the health care professional

SEX who reviews this questionnaire (include the Area Code):

B.P The best time to phone you at this number:

P Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes ____ No ____

Check the type of respirator you will use (you can check more than one category):

a. _____ N, R, or P disposable respirator (filter-mask, non-cartridge type only).

b. _____ Other type (for example, half-or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).

Have you worn a respirator (circle one): Yes ____ No ____

If "yes", what type(s):

1 a. Do you currently smoke tobacco, or have you smoked tobacco in the last month? Yes ____ No ____

b. Have you smoked tobacco for more than 10 years (total) in the past?

2 Have you ever had any of the following conditions?

a. Seizures (fits): Yes ____ No ____

b. Diabetes (sugar disease): Yes ____ No ____

c. Allergic reactions that interfere with your breathing: Yes ____ No ____

d. Claustrophobia (fear of closed-in places): Yes ____ No ____

e. Trouble smelling odors: Yes ____ No ____

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

RECORDS MAINTAINED AT: ▶		
PATIENT'S NAME *(Last, First, Middle Initial)*		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME	ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE STANDARD FORM 600 (Rev. 5-84)

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
(Con'td)	**Questionnaire for Respirator Users**
3	Have you ever had any of the following pulmonary or lung problems?
	a. Asbestosis: Yes ____ No ____
	b. Asthma: Yes ____ No ____
	c. Chronic bronchitis: Yes ____ No ____
	d. Emphysema: Yes ____ No ____
	e. Pneumonia: Yes ____ No ____
	f. Tuberculosis: Yes ____ No ____
	g. Silicosis: Yes ____ No ____
	h. Pnemothorax (collapsed lung): Yes ____ No ____
	l. Lung Cancer: Yes ____ No ____
	j. Broken ribs: Yes ____ No ____
	k. Any chest injuries or surgeries: Yes ____ No ____
	l. Any other lung problem that you've been told about: Yes ____ No ____
4	Do you currently have any of the following symptoms of pulmonary or lung illness?
	a. Shortness of breath: Yes ____ No ____
	b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes ____ No ____
	c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes ____ No ____
	d. Have to stop for breath when walking at your own pace on level ground?
	e. Shortness of breath when washing or dressing yourself: Yes ____ No ____
	f. Shortness of breath that interferes with your job? Yes ____ No ____
	g. Coughing that produces phlegm (thick sputum): Yes ____ No ____
	h. Coughing that wakes you early in the morning: Yes ____ No ____

NSN 7540-00-634-4178 600-108

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE (Con'td)	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

Questionnaire for Respirator Users

	l. Coughing that occurs mostly when you are lying down:	Yes ____ No ____
	j. Coughing up blood in the last month:	Yes ____ No ____
	k. Wheezing:	Yes ____ No ____
	l. Wheezing that interferes with your job:	Yes ____ No ____
	m. Chest pain when you breathe deeply:	Yes ____ No ____
	n. Any other symptoms that you think may be related to lung problems:	
5	Have you ever had any of the following cardiovascular or heart problems?	
	a. Heart attack:	Yes ____ No ____
	b. Stroke:	Yes ____ No ____
	c. Angina:	Yes ____ No ____
	d. Heart failure:	Yes ____ No ____
	e. Swelling in your legs or feet (not caused by walking):	Yes ____ No ____
	f. Heart arrhythmia (heart beating irregularly):	Yes ____ No ____
	g. High blood pressure:	Yes ____ No ____
	h. Any other heart problem that you've been told about:	Yes ____ No ____
6	Have you ever had any of the following cardiovascular or heart symptoms?	
	a. Frequent pain or tightness in your chest:	Yes ____ No ____
	b. Pain or tightness in your chest during physical activity:	Yes ____ No ____
	c. Pain or tightness in your chest that interferes with your job:	Yes ____ No ____
	d. In the past two, years, have you noticed your heart skipping or missing a beat:	
	e. Heartburn or indigestion that is not related to eating:	Yes ____ No ____
	f. Any other symptoms that you think may be related to heart or circulation problems:	Yes ____ No ____

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

RECORDS MAINTAINED AT: ▶		
PATIENT'S NAME *(Last, First, Middle Initial)*		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
(Con'td)	**Questionnaire for Respirator Users**
7	Do you currently take medication for any of the following problems?
	a. Breathing or lung problems: Yes ___ No ___
	b. Heart trouble: Yes ___ No ___
	c. Blood pressure: Yes ___ No ___
	d. Seizure (fits): Yes ___ No ___
8	If you've used a respirator, have you ever had any of the following problems?
	(If you've never used a respirator, check the following space and go to question 9:)
	a. Eye irritation: Yes ___ No ___
	b. Skin allergies or rashes: Yes ___ No ___
	c. Anxiety: Yes ___ No ___
	d. General weakness or fatigue: Yes ___ No ___
	e. Any other problem that interferes with your use of a respirat Yes ___ No ___
9	Would you like to talk to the health care professional who will review this questionnaire
	Yes ___ No ___
	Questions 10 to 15 below must be answered by every employee who has been selected to use eithe full - facepiece respirator or a self - contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.
10	Have you ever lost vision in either eye (temporarily or permanently) Yes ___ No ___
11	Do you currently have any of the following vision problems?
	a. Wear contact lenese : Yes ___ No ___
	b. Wear glasses : Yes ___ No ___
	c. Color blind : Yes ___ No ___
	d. Any other eye or vision problem : Yes ___ No ___
12	Have you ever had an infury to your ears, including a broken ear dr Yes ___ No ___

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
(Con'td	**Questionnaire for Respirator Users**
13	Do you currently have any of the following hearing problems?
	a. Difficulty hearing : Yes ___ No ___
	b. Wear a hearing aid : Yes ___ No ___
	c. Any other hearing or ear problem: Yes ___ No ___
14	Have you ever had a back injury : Yes ___ No ___
15	Do you currently have any of the following musculoskeletal problems?
	a. Weakness in any of your arms, hands, legs, or feet: Yes ___ No ___
	b. Back pain: Yes ___ No ___
	c. Difficulty fully moving your arms and legs : Yes ___ No ___
	d. Pain or stiffness when you lean forward or backward at the Yes ___ No ___
	e. Difficulty fully moving your head up or down: Yes ___ No ___
	f. Difficulty fully moving your head side to side: Yes ___ No ___
	g. Difficulty bending at your knees : Yes ___ No ___
	h. Difficulty squatting to the ground : Yes ___ No ___
	i. Climbing a flight of stairs or a ladder carrying more than 25 l Yes ___ No ___
	j. Any other muscle or skeletal problem that interferes with using a respirator :
	Yes ___ No ___

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

RECORDS MAINTAINED AT: ▶		
PATIENT'S NAME *(Last, First, Middle initial)*		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

APPENDIX A-3

Respiratory Clearance Form

PART I: To be completed by Supervisor

Name of Employee :_____ ID/SSN:_____
(Last) (First) (Middle)

Job Title: _____ Grade/Rank:_____ Occupational Code (4 digit): _____

DOB: _____/_____/_____ Sex (Check one): θ Male θ Female
Month Day Year

Organization: _____ Name of Unit: _____ Shop #: _____

Name of Supervisor: _____ Telephone No:_____

Brief description of work:

_____

_____

_____

_____

Check the types(s) of resp to be used:

_____ N,R , or P disposable respiratory (Filter-mask, non-cartridge type only):
_____ Half face air purifying
_____ Full face air purifying
_____ Positive pressure, hood, air line
_____ Self contained breathing apparatus (SCBA)

Manufacture:

_____
_____
_____
_____
_____

Check level of work

_____ Light
_____ Moderate
_____ Heavy
_____ Strenuous

Check the extent of usage.

θ Daily basis
θ Occasionally (specify frequency: _____)

Check length of time resp is worn

θ Less than 1 hour a day
θ 2 or more hours per day (specify frequency:_____)

Supervisor's Signature: _____ Date: _____

PART II: To be completed by Physician / LHCP

The above named employee:

_____ Has/Has not received a pulmonary function test/Questionnaire for respirator users

_____ Is medically qualified to use a respirator with no restrictions

_____ Is not medically qualified to use a respirator.

_____ Is medically qualified to use a respirator with the following restrictions:

_____

_____

Physician's/LHCP Signature: _____ **Date:** _____

_____
(Print Name)

APPENDIX A - 4

Respirator Quantitative Fit Test

PART III: To be completed by Respiratory Protection Program Administrator

1) Personnel Data :

Name of Employee : _____ ID/SSN: _____
(Last) (First) (Middle)

Organization: _____ Name of Unit: _____ # Tel No : _____

2) Respirator Data :

DATE OF MEDICAL EVALUATION: _____

TYPE OF RESPIRATOR: _____

MANUFACTURE: _____ TYPE/MODEL _____ SIZE:_____

3) Quantitative Fit Test :

TEST AGENT: Ambient Particles DEVICE CONTROL NO: 8020 PORTACOUNT Plus

PASS/FAIL LEVEL: Full Face > 500 Half Face > 100 TEST CYCLES: 8 Cycles

EXERCISE (각 동작 1 분 간격)	RESULTS
1) Normal Breathing (정상 호흡)	Pass____ Fail ____ NA___
2) Deep Breathing (깊게 호흡)	Pass____ Fail ____ NA___
3) Side to Side (고개를 좌우로 움직임)	Pass____ Fail ____ NA___
4) Up and Down (고개를 위아래로 움직임)	Pass____ Fail ____ NA___
5) Talk (읽기: The Rainbow Passage)	Pass____ Fail ____ NA___
6) Grimace (입주변 움직임)	Pass____ Fail ____ NA___
7) Bending Over (허리 굽혔다 폄)	Pass____ Fail ____ NA___
8) Normal Breathing (정상 호흡)	Pass____ Fail ____ NA___

Test Conductor's Signature :

_____

Print Name:

Test Result: PASS ( ) FAIL ( )

OVERALL FIT FACTOR = _____

I, _____ CERTIFY THAT I HAVE BEEN TRAINED IN THE USE & MAINTENANCE AND
Print Respirator User's Name
FIT-TESTED WITH THE RESPIRATOR ANNOTATED ABOVE. I UNDERSTAND ALL INSTRUCTIONS GIVEN ON THE INDUSTRIAL RESPIRATOR AND UNDERSTAND THAT I AM RESPONSIBLE FOR THIS RESPIRATOR UNTIL IT IS RETURNED.

SIGNATURE: _____ DATE: _____

APPENDIX A - 5

INVENTORY OF HAZARDOUS MATERIAL

1. Organiztion/Unit Name: _____

2. Installation Name/Building Number/Room Number: _____

3. Supervisor's Name/Phone Number: _____

No.	Nomenclature (As used on label and list)	Common Name	National Stock Number	CAS Number	Manufacture	Manufacture Phone No.	Unit of Issue	capacity	Q'ty	MSDS is readily accesible?	Is respirator required ? (Y/N)	Type of required respirator	Expiration Date
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													

_____ Recorded and Updated By (Print Name)

_____ PHONE No.

_____ Signature

_____ Date

APPENDIX A - 6

ACTIVITY LOG FOR RESPIRATOR

1. Organization /Office Name: _____
2. Name of Supervisor: _____
3. Phone Number: _____
4. Name of Designated Unit Respirator Program Officer _____

No.	Respirator User's Name(Last, First Middle)	Job Title	Grade/ Occupational Code	ID Number/ SSN	Type of Respirator	Manufacture	Model No. of facepiece	Size	Type of Cartridge/ Filter	Date of Medical Evaluation	Next Med Evalation Date	Date of Fit Tesing	Date of Training	Date of Respirato Issue
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														

_____ PRINT SUPERVISOR'S NAME

_____ SIGNATURE

_____ DATE

SAMPLE FORMAT

ACTIVITY LOG FOR RESPIRATOR

1. Organization /Office Name: DPW, 34th Support Group/Safety Office
2. Name of Supervisor: Mr. Colson, Joseph
3. Phone Number: 738-4643
4. Name of Designated Unit Respirator Program Officer Mr. Michale Jackson

No.	Respirator User's Name(Last, First Middle)	Job Title	Grade/ Occupational Code	ID Number/ SSN	Type of Respirator	Manufacture	Model No. of facepiece	Size	Type of Cartridge/ Filter	Medical Evaluation Date	Next Med Evalation Date	Date of Fit Tesing	Date of Training	Date of Respirato Issue
1	So, Hyon Mi	Safety and occupational Health Spec.	KGS-0018	650521-2074419	Air Purifying Half facepiece Respirator	3M	7200	Small	P100 (HEPA)	5/15/01	5/15/02	5/20/99	5/20/99	5/25/99
2	So, Hyon Mi	Safety and occupational Health Spec.	KGS-0018	650521-2074419	Self-contained Breathing Apparatus (SCBA)	Survivair	Mark I	Standard	N/A	5/13/01	5/13/02	5/20/99	5/20/99	5/25/99
3	Pak, Song Ho	Safety and occupational Health Spec.	KGS-0018	670702-1234567	Full facepiece Air Purifying Respirator	3M	7800	Medium	P100 (HEPA)	6/30/01	6/30/02	7/2/99	7/2/99	7/5/99
4	Hyska, Jeffrey	Safety and occupational Health Spec.	GS-0018	123-45-6789	Self-contained Breathing Apparatus (SCBA)	Survivair	Mark III	Standard	N/A	2/29/01	2/29/ 02	3/1/00	3/2/00	3/3/00
5														
6														
7														
8														
9														
10														

PRINT SUPERVISOR'S NAME

SIGNATURE

DATE

SAMPLE

SAMPLE

APPENDIX A - 7

LIST OF KEY PERSONNEL

** The list of key personnel will be updated by the 34th SG Safety Office semi-annually. Updated as of 29 Oct 03.

	Title	Office Name	Name	Phone	e-mail	Location
1.	Installation Commander	Commander, Area II Support Activity	COL. McNulty Timothy K..	738-7441	McNultyT@34sg.korea.army.mil	Bldg 4305, SP
2.	Installation Safety Manager	Area II SA, Safety Office	Mr. Kennedy, Michael	738-4643 /7206	KennedyM@34sg.korea.army.mil	Bldg 4305, Rm 215, SP
3	Installation Respirator Program Director	Area II SA, Safety Office		738-7206		Bldg 4305, Rm 133, SP
4.	Installation Industrial Hygienist	Industrial Hygiene Ofc, Preventive Medicine, 18th MEDCOM	Mr. Kim, Sun Ho	736-8517 /7563	Sun.Kim@kor.amedd.army.mil	Bldg #5447, SP
5	Installation Occupational Health Service	Preventive Service Directorate, Occupational Health Svc, 18th MEDCOM	Mrs. Chang, Helen Mrs. Woo, Han Yi	736-8513 736-6692	Helen.Chang@kor.amedd.army.mil Han.woo@kor.amedd.army.mil	Bldg #5447, SP
6.	Civilian Personnel Advisory Office	Area II SA, CPAC	Mr. Stark	738-3641	Starkk@usfk.korea.army.mil	Bldg #4315, SP
7.	Chief, Fire Dep and Emergency Service	Area II SA, DPW, Fire & Emergency Service	Mr. Temporado, Alex	738-5096/7839	TemporadA@34sg.korea.army.mil	Bldg #4203
8.	Unit Respirator Program Officers					

** Name of Installation Respirator Program Director (IRPD) and Unit Respirator Program Officers from all activities/units will be listed after commander's duty appointment.

APPENDIX A - 8

Unit Respiratory Protection Program Checklist

Unit/Organization:_____ Date: _____

Supervisor's Name: _____ Phone:_____

(1) Respiratory protective equipment selection

____ Are work area conditions and worker exposures properly surveyed?
____ Are respirators selected on the basis of hazards to which the worker is exposed?
____ Are selections made by individuals knowledgeable of proper selection procedures?

____ (2) Are only certified respirators purchased and used; do they provide adequate protection for the specific hazard and concentration of the contaminants?

____ (3) Has a medical evaluation of the prospective user been made to determine physical and psychological ability to wear the selected respiratory protective equipment?

____ (4) Where practical, have respirators been issued to the users for their exclusive use, and are there records covering issuance?

(5) Respiratory protective equipment fitting

____ Are the users given the opportunity to try on several respirators to determine whether the respirator they will subsequently be wearing is the best fitting one?
____ Is the fit tested at appropriate intervals?
____ Are users prohibited from wearing contact lenses when using respirators?
____ Is the facepiece-to-face seal tested in a test atmosphere?
____ Are workers prohibited from wearing respirators in contaminated work areas when they have facial hair or other characteristics may cause face seal leakage?

(6) Respirator use in the work area

____ Are respirators being worn correctly (i.e. head covering over respirator straps)?
____ Are workers keeping respirators on all the time while in the work area?

(7) Maintenance of respiratory protective equipment

Cleaning and Disinfecting

____ Are respirators cleaned and disinfected after each use when different people use the same device, or as frequently as necessary for devices issued to individual users?
____ Are proper methods of cleaning and disinfecting utilized?

Storage

____ Are respirators stored in a manner so as to protect them from dust, sunlight, heat, excessive cold or moisture, or damaging chemicals?
____ Are respirators stored properly in a storage facility so as to prevent them from deforming?
____ Is storage in lockers and tool boxes permitted only if the respirator is in a carrying case or carton?

Inspection

____ Are respirators inspected before and after each use and during cleaning?
____ Are qualified individuals/users instructed in inspection techniques?
____ Is respiratory protective equipment designated as "emergency use" inspected at least monthly (in addition to after each use)?
____ Are SCBA incorporating breathing gas containers inspected weekly for breathing gas pressure?
____ Is a record kept of the inspection of "emergency use" respiratory protective equipment?

Repair

____ Are replacement parts used in repair those of the manufacturer of the respirator?
____ Are repairs made by manufacturers or manufacturer-trained individuals?

(8) Special use conditions

____ Is a procedure developed for respiratory protective equipment usage in atmospheres immediately dangerous to life or health?
____ Is a procedure developed for equipment usage for entry into confined spaces?

(9) Training

____ Are users trained in proper respirator use, cleaning, and inspection?
____ Are users trained in the basis for selection of respirators?
____ Are users evaluated, using competency-based evaluation, before and after training?

(10) Comments.

_____

_____

_____

_____

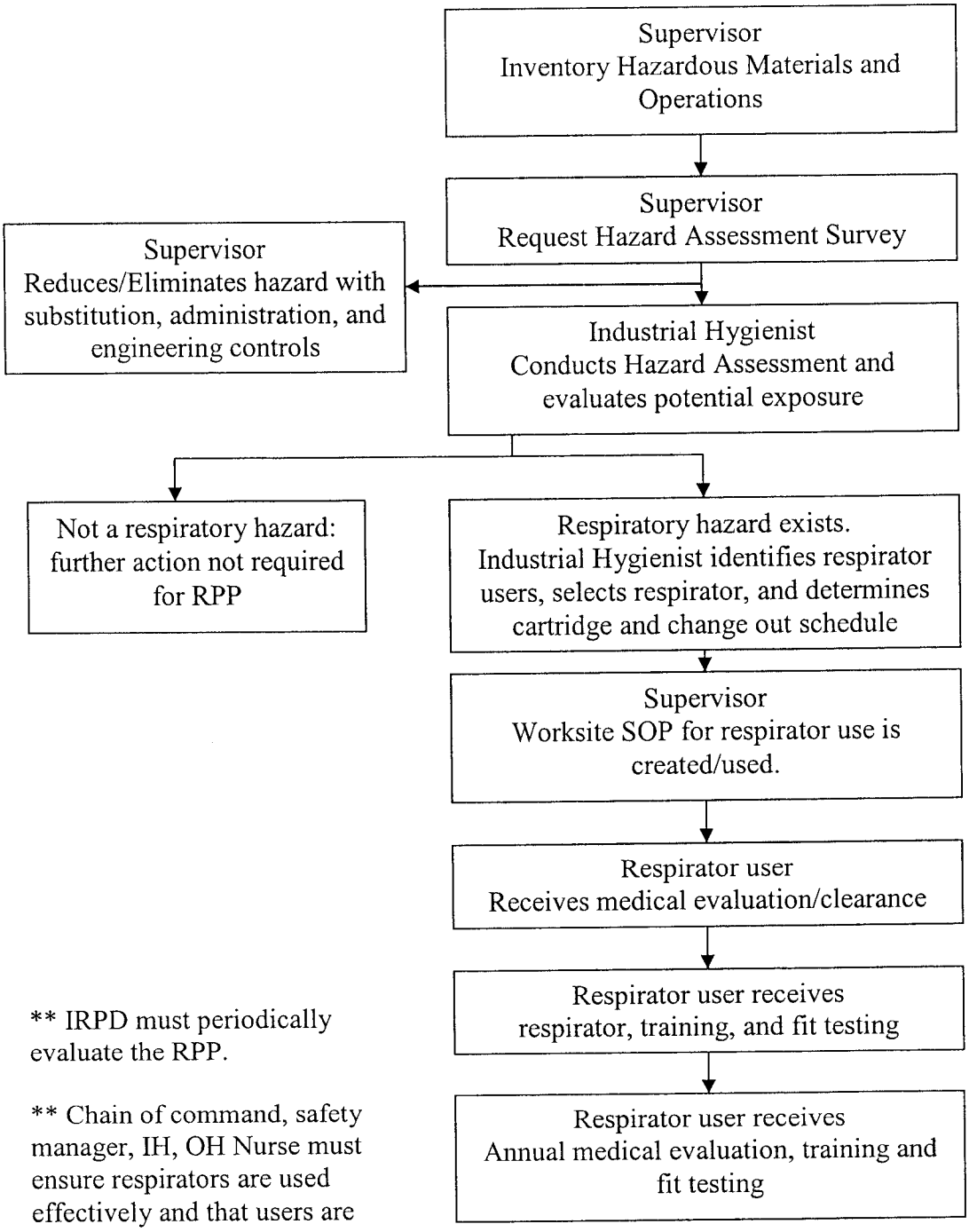
_____

_____ _____ _____

Evaluator's Name and Organization Signature Date

APPENDIX A - 9

Respiratory Protection Program Flowchart for Initial Respirator Issue



** IRPD must periodically evaluate the RPP.

** Chain of command, safety manager, IH, OH Nurse must ensure respirators are used effectively and that users are properly trained.